

County: Sauk
ZIMMERMAN NURSING HOME
617 FOURTH STREET

Facility ID: 9810

Page 1

REEDSBURG 53959 Phone:(608) 524-3664
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 10
Total Licensed Bed Capacity (12/31/02): 12
Number of Residents on 12/31/02: 5

Ownership: Individual
Highest Level License: Intermediate
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? No
Average Daily Census: 8

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		0.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		60.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		40.0
Day Services	No	Mental Illness (Org./Psy)	20.0	65 - 74	0.0	-----		-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	20.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	20.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		28.3
Referral Service	No	Diabetes	40.0	Sex	%	LPNs		0.0
Other Services	No	Respiratory	0.0	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.0	Male	0.0	Aides, & Orderlies		55.0
Mentally Ill	No		-----	Female	100.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	5	100.0	65	0	0.0	0	0	0.0	0	5	100.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		5	100.0		0	0.0		0	0.0		5	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

		% Needing				Total			
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
				One Or Two Staff		Dependent		Residents	
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent						
Private Home/With Home Health	0.0	Bathing	0.0	80.0	20.0			5	
Other Nursing Homes	0.0	Dressing	0.0	80.0	20.0			5	
Acute Care Hospitals	0.0	Transferring	20.0	60.0	20.0			5	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.0	60.0	20.0			5	
Rehabilitation Hospitals	0.0	Eating	80.0	0.0	20.0			5	
Other Locations	100.0	*****							
Total Number of Admissions	1	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care			20.0	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	100.0		Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	20.0	Occ/Freq. Incontinent of Bowel	40.0		Receiving Suctioning			0.0	
Other Nursing Homes	80.0				Receiving Ostomy Care			0.0	
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding			0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets			20.0	
Rehabilitation Hospitals	0.0								
Other Locations	0.0	Skin Care			Other Resident Characteristics				
Deaths	0.0	With Pressure Sores	0.0		Have Advance Directives			100.0	
Total Number of Discharges		With Rashes	0.0		Medications				
(Including Deaths)	5				Receiving Psychoactive Drugs			0.0	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Intermediate Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66.7	85.1	0.78	84.2	0.79	66.7	1.00	85.1	0.78
Current Residents from In-County	100	75.4	1.33	68.6	1.46	100.0	1.00	76.6	1.30
Admissions from In-County, Still Residing	0.0	20.1	0.00	21.5	0.00	0.0	0.00	20.3	0.00
Admissions/Average Daily Census	12.5	138.3	0.09	123.5	0.10	12.5	1.00	133.4	0.09
Discharges/Average Daily Census	62.5	139.7	0.45	128.3	0.49	62.5	1.00	135.3	0.46
Discharges To Private Residence/Average Daily Census	12.5	57.6	0.22	35.5	0.35	12.5	1.00	56.6	0.22
Residents Receiving Skilled Care	0.0	94.3	0.00	78.6	0.00	0.0	0.00	86.3	0.00
Residents Aged 65 and Older	100	95.0	1.05	91.8	1.09	100.0	1.00	87.7	1.14
Title 19 (Medicaid) Funded Residents	0.0	64.9	0.00	52.2	0.00	0.0	.	67.5	0.00
Private Pay Funded Residents	100	20.4	4.89	39.0	2.56	100.0	1.00	21.0	4.75
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.0	.	7.1	0.00
Mentally Ill Residents	20.0	30.3	0.66	35.8	0.56	20.0	1.00	33.3	0.60
General Medical Service Residents	40.0	23.6	1.70	11.9	3.35	40.0	1.00	20.5	1.95
Impaired ADL (Mean)	52.0	48.6	1.07	56.7	0.92	52.0	1.00	49.3	1.06
Psychological Problems	0.0	55.2	0.00	52.8	0.00	0.0	.	54.0	0.00
Nursing Care Required (Mean)	5.0	6.6	0.75	5.6	0.90	5.0	1.00	7.2	0.69